								Application or Docket Number						
	PATENT A	RD	10/7041361.											
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OR	OTHER THAN OR SMALL ENTITY		
ТО	TAL CLAIMS		36				RATE			FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBI	NUMBER EXTRA		BASIC FEE 370.00		OR	BASIC FEE	740.00		
TOTAL CHARGEABLE CLAIMS			9 minus 20= *		* \$	* 8716		X\$ 9= ·		OR	X\$18=	288		
INDEPENDENT CLAIMS			6 minus 3 = * 3				X42=				OR	X84=	252	
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+140				. 220-		
-	the difference	in column 1 ie	loss than zero, enter "0" in column 2			olumn 2	L	+140:	_		OR	+280=	: 5 0.	
* If the difference in column 1 is less than zero, enter "0" in column 2									L		OR	TOTAL	12,fo	
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL ENTITY		OR	OTHER THAN SMALL ENTITY			
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
DM	Total	*	Minus	**		=		X\$ 9=	=		OR	X\$18=		
AMENDMENT	Independent	*	Minus	***		=		X42=		-		X84=		
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-		+		OR			
								+140			OR	+280=		
									AL EE		OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)													1000	
ENT B		CLAIMS REMAINING AFTER AMENDMENT		NUN PREV	HEST MBER IOUSLY DFOR	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDM	Total	*	Minus	**		=	╽╽	X\$ 9:	-		OR	X\$18=		
AME	Independent	* NTATION OF M	Minus	***	T CL AIM	=		X42=	=		OR	X84=		
L_	FIRST PRESE	NIAHON OF WI	ULTIPLE DEF	'ENUEIN	I CLAIIVI		, [+140			OR	+280=		
									AL EE		OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)														
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUN PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=	=		OR	X\$18=		
	Independent	*	Minus	***		=-]	X42=			OR	X84=		
ll [¤]	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								_					

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

OR

+140=

ADDIT. FEE

TOTAL

+280=

TOTAL ADDIT. FEE